



Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01098221

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS,TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000091754	S		TPCN 12.10	TPCN 12.10 (Fulfill the terms of contract)	\$762,500.00
Ship To ID	Non-HHSAS Cntrct ID					
2010	Contract #	Wkfc	Org PmtDt	IC	RC	
	529-16-0004-00001	N				
	Account	Entry Event	Fund	Dept.	Program	Class
1.1	725300		0001	716	5016	03138
	Open Item Key:				2016	Budget Ref Pri/Grant
						TANF100F
						Amount
						\$762,500.00
						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

JUN 27 2016

06/07/2016

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name			Contact Phone(Area+Number)

~~0109822~~

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

0109822

Alternatives to Abortion-Texas Pregnancy
Care Network

The attached invoice is approved for payment.

Invoice Date:	5/27/16		
Invoice Number:	TPCN 12.10		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-16-0004-000001		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	91754		
	Month of Service:	June 2016	Amount: \$ 762,500.00
	Month of Service:		Amount:
	Month of Service:		Amount:

Invoice Received Date:	5/27/16
Payment Due On or Before:	*July 1, 2016

Total Amount:
\$762,500.00

CONTACT		DATE
Preparer's Name:	Andrea Costley	6/2/2016
Preparer's Phone:	512-206-5624	

See Invoice

FINANCIAL MANAGER		DATE
Beth Zahn		6/3/2016

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:		6/2/16

JUN 03 2016

HANH NGO
512-487-33B9



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.10**Invoice Date:** May 27, 2016**Due Date:** June 30, 2016**For Professional Services Rendered:**

RE:**Contract Number:** 529-16-0004

TPCN is submitting this invoice according to the terms of Section VIII of the Agreement between TPCN and HHSC executed on or about May 24, 2016 (attached).

Payment 12.10: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: June 30, 2016

\$762,500.00

Amount Due	\$762,500.00
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UTC. Specifically, and without limitation, TPCN will perform in accordance with the specifications contained in Sections 1.16, and 2 of the RFP, this Section VII and TPCN's Proposal as modified and clarified.

VIII. BUDGET AND INVOICING

The total amount of this Contract will not exceed \$11,437,500 (\$2,287,500 in fiscal year 2016 and \$9,150,000 in fiscal year 2017). All expenditures on this Contract will be actual costs that derive from services provided and related expenses that are eligible for reimbursement under this Contract in accordance with federal and state laws; Code of Federal Regulations (C.F.R.) Title 2, Subtitle A, Chapter II-Part 200; TPCN's Budget, Budget Narrative/Budget Justification ("Budget Pages"), and Plan of Operations. TPCN will submit an invoice along with the Program Report to the Contract Representative identified in Section X, in a manner acceptable to HHSC, by the twentieth day after the last day of each month in which services were provided. Upon HHSC request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry or audit by HHSC or any other responsible authority.

If TPCN provides services under multiple contracts, it must maintain an accounting system that separates expenditures by contract to ensure appropriate expense allocation and contract billing (i.e. fund accounting). Payments of invoices by HHSC under this Contract will be made in accordance with Chapter 2251 of the Texas Government Code, using the following schedule:

Payment No.	Description	Due Date	Amount
12.10	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	June 30, 2016	\$762,500.00
12.11	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	July 31, 2016	\$762,500.00
12.12	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	August 31, 2016	\$762,500.00
13.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2016	\$762,500.00
13.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2016	\$762,500.00
13.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2016	\$762,500.00

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000091754	
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision	Page
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.					
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	Community Service Administrati HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States	1

Vendor: 1760802397
TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Purchaser: Longoria,Melinda (PCS)

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-16-0004-00001 from dates 06/01/2016 through 08/31/2016	962-58	1.00LOT	2,287,500.00000	2,287,500.00	06/08/2016
Schedule Total						
Contract ID: 529-16-0004-00001		Contract Line: 0	Release: 1			<u>2,287,500.00</u>
Item Total for Line 1						
Total PO Amount						
<u>2,287,500.00</u>						

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

(1760802397)